## COMMUNITY SERVICES BUREAU Part A FISCAL YEAR 2017 BONUS DISTIBUTION FORM

		A	В	С	D	E	F	G	н	l Division in	J
	Section I	Total Bonus Distribution per	Estimated Benefits per Worker Circle	Total Bonus and Benefits per				TOTAL	TOTAL BONUS	PHASE I DISTRIBUTION	PHASE II DISTRIBUTION
CFC/PAS Worker Types		Worker 07/01/2016	One: \$ or % 07/01/2016	worker 07/01/2016	FTE	Number of	TOTAL BONUS COLUMNS AXE	BENEFITS	AND BENEFITS COLUMN C x E	DATE (7/1/16-	DATE (1/1/17- 6/30/17)
		07/01/2016	07/01/2016	07/01/2016	FIE	Employees	COLUMNS AXE	COLUMN B X E	COLUMN C X E	12/31/16)	6/30/17)
Billing Codes T1019	Worker Types					1					
T2001											
S5126	CFC/PAS Agency Based										
T1019-U9	CFC/PAS Self Direct										
	TOTALS										
		A	В	С	D	E	F	G	н	1	J
	Section II		Estimated Benefits per Worker Circle	Total Bonus and Benefits per				TOTAL	TOTAL BONUS	PHASE I DISTRIBUTION	PHASE II DISTRIBUTION
HCB6/M		Worker	One: \$ or %	worker			TOTAL BONUS	BENEFITS	AND BENEFITS	DATE (7/1/16-	DATE (1/1/17-
	aiver Worker Types	07/01/2016	07/01/2016	07/01/2016	FTE	Employees	COLUMNS AXE	COLUMN B x E	COLUMN C x E	12/31/16)	6/30/17)
Billing Codes	Worker Types					T					
T1019 UA	HCBS PAS/SDPAS										
S5130 UA	HOMEMAKER										
T1005 UA	RESPITE										
05405114	SPECIALLY TRAINED										
S5125 UA	ATTENDANT										
S5126 UA/U9	BIG SKY BONANZA										
S5135 UA	SENIOR COMPANION										
T2027 UA	SPECIALIZED CHILDCARE										
S5126 UA/U9	COMMUNITY SUPPORT										
	TOTALS										
Agency Name:				Contact:							
Email Address:				Phone:							